

Summary of Benefits Report for Minnesota, Medicaid

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Preventive Services

	Is the service Covered?	Frequency	List any service - specific limitations
Cleanings	Yes	2 x year	Authorization is not required for additional treatment, up to two additional per year Submit narrative when billing. Documentation must include notation as to why the additional treatments are needed
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months	Cannot be performed on same date as D9910
Sealants (list any tooth-specific limits)	Yes	1 x every 5 years	Children only through age 20 Permanent molars only (tooth numbers 1-3, 14-16, 17-19, 30-32) Once per tooth per 5 years
Space maintainers	Yes		

Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes	1 x 6 months		One
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x year		
Full Mouth	Yes			

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Diagnostic Services

	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Panoramic	Yes	1 x every 5 years	Once per 5 years except: 1. With a scheduled outpatient facility or freestanding Ambulatory Surgery Center (ASC) procedure (include claim attachment identifying hospital or ASC name) 2. For a medically necessary diagnosis and follow-up of oral and maxillofacial pathology and trauma (include claim attachment with a description of the pathology or trauma and the medical diagnosis identified) 3. Once every two years for members who cannot cooperate for intra-oral film due to disability or medical condition that does not allow for intraoral film placement (include claim attachment identifying disability or condition)	

Treatment Services

	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	Yes		D1354 Application of caries arresting medicament per tooth Once per 6 months per tooth Tooth number is required Cannot be performed on same date as D1206 or D9910	

Fillings

Silver amalgam	Yes		Limited to once per 90 days for the same tooth	
Tooth colored composite	Yes		Limited to once per 90 days for the same tooth MHCP will reimburse all posterior fillings at the amalgam rate.	

Crowns/tooth caps

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Stainless steel crowns	Yes		Except as medically necessary in conjunction with a fixed bridge or implant, an individual crown must be made of prefabricated stainless steel, prefabricated resin or laboratory resin.	
Metal (only) crowns	Yes		Authorization is required for D2720 - D2722	
Metal/porcelain crowns	No			
Porcelain (only) crowns	No			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes			
Root canals on permanent teeth	Yes		Once per tooth per lifetime. Covered services include pulpotomy, endodontic therapy on primary teeth, endodontic therapy, endodontic retreatment, apexification/recalcification, some apicoectomy/periradicular services, and other endodontic procedures. MHCP covers anterior and premolar endodontics once per tooth per lifetime.	
Gum (periodontal) therapy	Yes - only with prior authorization		Prior authorization is required for periodontal care. Once per two years per quadrant	
Dentures				
Partial dentures	Yes - only with prior authorization		Prior authorization is required.	
Complete dentures	Yes			
Bridges	Yes - only with prior authorization		Authorization is required for fixed bridges. The individual must be unable to wear a removable prosthesis due to mental or physical condition.	
Orthodontics*				
Retainers (orthodontic)	Yes		Covered as an integral component of orthodontic treatment.	

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Braces	Yes - only with prior authorization		Authorization is required for orthodontic services.	Certain criteria must be met in order for orthodontic treatment to be authorized.
Oral surgery				
Simple extractions	Yes		Authorization is required for the extraction of impacted teeth. The routine removal of third molars is not a covered service. Third molar extractions must have symptoms or show evidence of pathology to substantiate the medical necessity for removal.	
Surgical extractions	Yes - only with prior authorization		Only with Prior Authorizations	
Care of abscesses	Yes			
Cleft palate treatment	Yes		Covered as a medical service.	
Cancer treatment	Yes		Covered as a medical service.	
Treatment of fractures	Yes		Covered as a medical service	
Biopsies	Yes			
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization		Covered as a medical service. Authorization is always required.	Authorization is made on a case by case basis. A detailed TMD treatment Information Request must be completed by the provider. Required information includes but is not limited to: (1) pertinent medical and dental health history; (2) current symptoms; (3) description of aggravating and alleviating factors; (4) clinical examination findings; (5) indication if the diagnosis includes internal derangement with or without reduction, arthritis/degenerative joint disease; (6) past history of TMJ treatment; and (7) a proposed treatment plan.
Emergency room services provided by a dentist	Yes			

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	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Inpatient Hospital Services	Yes			
Anesthesia				
General anesthesia	Yes			
Intravenous conscious sedation	Yes			
Non-intravenous conscious sedation	Yes			
Analgesia (nitrous oxide)	Yes			

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).